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Introduction

In October 2006, our collaborative was awarded funding by the Department of Justice, Office on Violence against Women. This collaborative, since named SurviveAbility, is a partnership between Lane County Department of Children and Families, Womenspace, Siuslaw Outreach Services (SOS), Sexual Assault Support Services (SASS), Lane Independent Living Alliance (LILA), Direction Service, Cottage Grove Community Sharing, ShelterCare, and VALID (a committee of the Lane County Domestic Violence Council). During Year One of this three-year project, the collaborative must conduct a needs assessment.

The needs assessment will inform the development of a strategic plan to address gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. The geographic scope of the project is Lane County, Oregon. This document will describe the approach, methods, activities and time line of the needs assessment being conducted.

Vision, mission and context for our work

The vision of SurviveAbility:

Women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. The services women seek will be accessible, responsive and informed because agencies throughout Lane County will understand and address the vulnerabilities, barriers and challenges that survivors encounter and will embrace the important role each plays in promoting safety for women with disabilities and Deaf women.

The mission of SurviveAbility:

The mission of SurviveAbility is to effect system change in Lane County around services for women with disabilities and Deaf women who have experienced violence or abuse. With the active participation by survivor consumers, we will: nurture better relationships between our agencies; provide cross training to collaboration members; integrate the experiences of women with disabilities and Deaf women into our agency policies and protocols; and, sustain our work beyond the grant funding.

Global Assessment Questions:

The following broad questions will guide our needs assessment and subsequent strategic planning:

1. What happens within our system that impedes the help-seeking behavior of survivors with disabilities when reaching out, and all that they try to do to get help fails?
2. What are the capacities, strengths and limitations of the partner agencies in addressing the needs of women with disabilities who experience violence in their lives?
3. What are the experiences of women with disabilities in reaching out to and in receiving services from either disability-oriented services or victims' services?
4. What are the experiences of direct service staff in working within their system and across systems and agencies?
5. What are the opportunities for change within our systems?

Needs Assessment Plan

I. Create a narrower focus, existing data

Narrowing the Focus:

Our criteria for narrowing our scope included considering where we had influence to make sustainable change, where anecdotally we feel there lies the greatest need, where there appears the greatest readiness for change, and where we either hold a knowledge base or have existing relationships with that would be available to increase our knowledge base. Our underlying assumption is that it is most important to begin our efforts by focusing on our own areas of expertise, need and capacity.

Based on this, we propose the following framework:

- Focus on women living in independent living situations
- Focus on points of entry for help-seeking behavior
- Focus on our agencies' ability to serve women with disabilities who have experienced violence

Existing Data:

The development of the goals of the needs assessment and our global assessment questions were informed by existing prevalence data and

anecdotal agency- and system-related information from previously completed Agency Self-Awareness tool (Mary Oschwald, etal – Portland State University) and through collaborative discussions over the past year.

We have gathered prevalence information from three key data sources within Lane County: Senior and Disabled Services, a Division of Lane Council of Governments (SDS), Lane County Developmental Disabilities Services (DD), and Lane County Human Services Commission (HSC). SDS and DD receive APS reports, and maintain separate databases, allowing collection of demographic and substantiation information on abuse allegations. HSC maintains an information system, capturing information on individuals served by HSC-funded Human Service agencies. The agencies participating in this information system offer basic needs, shelter, crisis response, and transitional living services throughout Lane County. For calendar year 2006 SDS received 126 allegations of abuse or neglect against female victims; DD received 53. HSC agency data indicates that for calendar year 2006, 200 female clients were identified as victims or survivors of domestic violence. This data will be presented in more detail in the Needs Assessment summary report, and be available for use during the strategic planning process.

Anecdotal information from the Agency Self-Awareness tools helped identify general areas for further inquiry. These areas include: initial intake/screening, referral process, cross-agency communication, and orientation/training/cross-training for staff and volunteers. This information will guide development of Agency discussion group questions to help us delve deeper into those areas (see discussion group protocols, below).

II. Target populations to be interviewed

To accomplish the goals of our needs assessment we need to build upon the anecdotal information we have in order to create a more accurate and informed picture of strengths, gaps, and barriers of the current service delivery mode. To this end, we will gather information from staff within our partner agencies and from women with disabilities. Please see next section, Methodology, for outreach and protocol detail.

III. Identify methodology used to acquire new data

A. Overview

This needs assessment will involve both qualitative and quantitative data. Qualitative data will include discussion groups with agency staff and discussion groups and interviews with women with disabilities. Quantitative data will include demographic information from pre-interview surveys and existing data from Adult Protective Services (APS) reporting agencies and from Lane County Human Services Commission provider database.

In addition to the primary partners listed in the introduction, we have recruited the assistance of Deborah Olson, Ph.D and Debra Eisert, Ph.D, from the University of Oregon. Dr. Olson has been on the faculty of Special Education and Clinical Services since 1989, teaching research methods and qualitative research for the College of Education. She co-chairs the Disability Studies Initiative and has worked with adults with disabilities for 30 years. She has conducted many trainings and presentations on abuse against people with disabilities. Dr. Eisert has worked with the Institute on Violence and Destructive Behavior for eight years, and has extensive experience with clinical interviewing and working with people with disabilities. Both have extensive experience in quantitative and qualitative data analysis.

B. Quantitative data collection

At the beginning of each discussion group or interview, we will administer a short survey. These surveys will be administered in a way that addresses the unique needs of the group and/or person responding, and will be designed to help participants focus on issues of service delivery and outreach. Additionally, the exercise will provide additional quantitative data for our needs assessment.

C. Qualitative Data Collection

To inform our needs assessment and strategic planning process we are going to conduct discussion groups and interviews with agency staff and women in Lane County.

Agency Staff: We will conduct discussion groups within each of our seven partner agencies. Discussion groups will seek to gather responses from across organizational levels: direct service staff and supervisory/management level, including executive directors. Because of the differences in structure and size of our agencies, there will be differences in the number of discussion groups and positions involved. For instance, in some of the agencies, volunteers play such an integral role in

providing services that they would certainly have valuable perspective to offer. We will conduct at least one group in each of the agencies and not more than three in any given agency.

Specifically, we will conduct discussion groups at each of the partner agencies as follows:

- Cottage Grove Community Sharing – one group with paid staff and volunteers (7 participants);
- Direction Services – one group with Family Support Program staff (5 participants);
- LILA – two groups with paid staff (12 total participants);
- SASS – two groups, one for staff and active direct service volunteers who attend debriefing meetings, and one for all other volunteers (12 total participants);
- ShelterCare – three groups: one with staff from emergency housing programs, two with staff from mental health support programs (24 total participants);
- SOS – one group with paid staff (5 participants);
- Womenspace – two discussion groups: one with staff from the Advocacy Center and Crisis Services programs, and one with staff from the Transitions program (12 total participants).

Women with Disabilities:

In order to capture the voices of women with disabilities, we will use a two-pronged approach, utilizing both discussion groups and 1:1 interviews with women. Discussion groups will allow us to be able to gather information from women who have established a level of comfort in accessing system or agency services. However, we also want to be sensitive to the particular accessibility and safety needs of women who live in rural areas, who may not feel comfortable identifying as either a woman with a disability and/or a survivor of violence or abuse in group settings, or for whom 1:1 interviews would accommodate different learning, safety, comfort, communication, or other needs (See section D, below for more information on Confidentiality, Safety, and Disclosure). Our goal is to recruit 20 to 30 women to participate in either discussion groups or 1:1 interviews (See section E, below for more information on Recruitment and Outreach).

Discussion Group Protocol Overview:

Discussion groups (both agency staff and women with disabilities) and interviews will begin with an explanation of SurviveAbility, the purpose of

the needs assessment, discussion of commonly used terms (i.e., domestic violence, abuse, disability, service provider, etc), explanation and examples of confidentiality and mandatory reporting, and explanation of the right to skip questions, take breaks, or end the interview. Agency staff groups will begin with a short survey, designed to orient participants to the process as well as gather some quantitative data. They will then go through the qualitative questions.

Discussion groups will take approximately two hours; interviews will take approximately one hour. Groups for women with disabilities will occur in neutral locations, taking into account transportation, accessibility, and space to allow the group or interview as well as nearby “safe room”. This will be space away from the group room, but nearby. Support person, information/referral person, or simply time away will be available to any participant who needs a break. Groups with agency staff will take place at their agency or program location. Discussion groups for women with disabilities will be co-facilitated by one of our Community Consultants and either the project director or the DV Council coordinator. Agency staff discussion groups will be co-facilitated by the project director and the DV Council coordinator. We will provide everyone with training and preparation for conducting the discussion groups.

Discussion groups with women with disabilities will begin with food and an orientation. This will allow participants to settle in, identify for facilitators any additional support requested, and learn about the intent of the discussion group. The orientation will also clarify for participants the nature of the discussion group: that this is not intended to be a support group, and that we are hoping to hear from them their perceptions of services and gather their recommendations for improvements. As described in the script, below, women can end their participation at any time, for any reason, including deciding that the group is not what they originally perceived.

D. Confidentiality, safety and disclosure

Confidentiality:

Confidentiality will be maintained throughout the discussion groups and interview process. At the beginning of each session, participants will be informed that we will not be recording names or contact information. We will also offer reminders of the confidentiality throughout the discussion

group, along with examples of keeping confidentiality. We will ask permission to tape the discussion or interview, explaining that the tapes will be destroyed as soon as the information is compiled. During the session, we will use placards with letters instead of individuals' names to help increase confidentiality. Notes will be kept in a locked file with access limited to project staff and Dr.' Eisert and Olson. Notes will be destroyed within six months.

Information from individual agency staff discussion groups will not be distributed beyond the collaboration and the funder. We will aggregate information across survivor advocacy agencies and across disability advocacy agencies in a summary report for broader distribution. For example, we may find a common theme among disability advocacy agencies related to lack of posters, brochures, or other material related to violence against women. Notes and/or audio-tapes of the discussion groups will be destroyed within six months. As above, all materials will be kept in a locked file cabinet with limited access.

Disclosure:

We recognize that, while our discussion groups and interviews are not intended to be support groups, disclosures of personal experiences may occur. In order to respond appropriately, we will have advocates and/or support people available on site, and participants will be encouraged to check in with the support person if needed. Scripts and questions will be geared to discussion of services and supports, asking for input, perceptions, and recommendations for agency improvement, as one strategy for steering conversation and discussion away from personal disclosure. This will include frequent reminders that the needs assessment is intended to help SurviveAbility collaborative work towards improving services for the future.

Another important strategy to help address safety and disclosure is setting up a process to respond if a discussion group participant discloses personal experiences of abuse or violence. That individual will be offered immediate support, both in that moment and at the completion of the session. Support includes reminding participants that they may take a break or end their participation at any time for any reason, specifically offering to take a break at that moment, and ensuring that during discussion groups and interviews with women with disabilities, we will have a domestic violence and/or sexual assault advocate present to speak with

survivors if the need arises. In addition, we will be prepared to provide appropriate, local resource information for any participant. All participants will be offered referral and follow-up support information.

We will also review mandatory reporting requirements with all group facilitators and support people. Participants will be informed of any mandatory reporting requirements at the beginning of the discussion group and will be reminded of these as needed through the process.

In the State of Oregon, mandatory reporting requirements for vulnerable populations apply to persons under the age of 18 and over the age of 65. While this indicates legal mandates would not apply to co-facilitators of our discussion groups, we do understand the perspective of best practices. In this vein, in the event that a participant begins to disclose, we will invite and support that person to tell their story in private to a support person. They will be supported in thinking through the decision to report the abuse. Support people will have an understanding of the goals and principles of empowerment, and will understand their role as active listeners.

Safety:

Safety is important when discussing experiences of domestic or sexual violence. Thus, we have structured our needs assessment to be sensitive to these issues. Participants will be informed at the beginning of the discussion group or interview that they can skip questions, take a break, or end the process at any time, should they need, and facilitators will offer reminders of this throughout the process. We will emphasize that people can take a break for any reason, including restroom, cigarette, snack breaks, if they need to answer their cell phone, etc to help remove assumptions around why one might take a break.

Groups and interviews will conclude with a debrief and an offer of referral information, not limited to abuse resources, but also including general basic needs or other often-requested information/referral needs. These resources will be selected based on the ability to provide appropriate, accessible and sensitive services. Part of creating a safe and responsive environment is being able to connect participants with resources they identify as relevant and meaningful – if we want to create a safe environment, we need to be able to respond to needs that women, not us, identify as helpful in the context of their lives. All participants will be offered referral and follow-up support information, and we will have a support

person assigned to help with information/referral. This person will have access to the local web-based services directory, 2-1-1Lane, to facilitate connections with services (See www.211lane.org).

E. Recruitment and Outreach

Outreach and recruitment of women with disabilities must be planned with safety and respect firmly in mind. Given this, we propose a layered approach to outreach/recruitment.

Initial outreach will seek to recruit women to participate in a focus/discussion group. As noted above, it is important to respond to individual needs, thus we will also be prepared to offer 1:1 interviews in order to be sensitive to the particular accessibility and safety needs of women who live in rural areas, who may not feel comfortable identifying as either a woman with a disability and/or a survivor of violence or abuse in group settings, or for whom 1:1 interviews would accommodate different learning, safety, comfort, communication, or other needs.

Agency staff from the primary partners as well as a broader network of agencies and groups that is natural contact points for women with disabilities will recruit participants for our WWD discussion groups. To prepare the staff of each agency or group for this recruitment, we will explain the nature of our discussion groups and the goals of our Needs Assessment. In turn, the staff of each agency will consider their case loads and recruit appropriately. To guide them in this, we have created a handout with frequently asked questions. Participants for discussion groups with women with disabilities will be recruited through word of mouth and frequently-asked-question handouts distributed to staff at our partner agencies, our broader provider network, and members of the Lane County Domestic Violence Council. The handouts are not intended for public posting, rather as reminders and information for agency staff to use to help recruit participants. Handouts will include information about overall project, SurviveAbility, the Needs Assessment plan and subsequent strategic planning process, and to go over the discussion group protocols. Members of SurviveAbility will meet with staff or contacts from our broader network to discuss outreach and recruitment details, such as notification of accommodations, scheduling, incentives, and other support available (i.e., transportation). We will ask the contact people to support women who are

interested in participating to make contact with us to sign up for a scheduled group, and to determine how we can support their participation.

The broader outreach includes Senior and Disabled Services, Laurel Hill Center, support groups/offices at the University of Oregon and Lane Community College, Full Access Brokerage, Pearl Buck, City of Eugene Recreation's specialized recreation program, Oregon Department of Human Services' Vocational Rehabilitation and Self-Sufficiency (TAN-F) programs, and Lane Transit District. These agencies were brainstormed as potential recruitment resources for women who may not have accessed services offered by our primary partners. The agencies listed provide services and supports to a much broader range of Lane County residents.

Participants for the agency staff discussion groups will be recruited from our seven primary partner agencies, as described above in section III-C. Project staff will coordinate with the SurviveAbility agency representative and each agency's management team to facilitate recruitment and participation.

Incentives:

Women with disabilities who participate in discussion groups or 1:1 interviews will receive \$20 in appreciation for their participation. Participants will receive the incentive regardless of completion of discussion group or interview.

Scheduling and Logistics:

We will schedule a variety of discussion group sessions, different days and times, ensuring scheduling sessions in Cottage Grove and Florence/Mapleton. Our recruitment information will list the days, times, and general locations of the pre-scheduled sessions. Women who are interested will be asked to pick a time/place that is most convenient for them. At this time, we will also be sensitive to the need to offer 1:1 interviews, as described above. We will attempt to overbook sessions by two to three potential participants, knowing that women may change their mind or have competing demands take precedence. As stated above, we are seeking 20 to 30 women to participate in either discussion groups or 1:1 interviews.

Agency staff discussion groups will be scheduled during existing staff or program meetings, when appropriate. If this does not seem appropriate,

the group co-facilitators will work with the agency to arrange times and locations.

F. Accessibility

Our outreach efforts and response rate will be monitored to ensure we have a sampling from rural and urban areas, as well as women who identify as having physical, sensory, mental, and cognitive disabilities. We will request information from discussion group and interview participants regarding accommodations to be provided when they contact us to pick their discussion group time. Written materials and interview tools will utilize plain language techniques, large-print format, and Braille upon request. Sign language or other interpreters will be made available on request. If possible, we will hold the discussion groups in meeting facilities that are looped for hearing assist devices; if this is not possible, we will arrange for portable systems. In addition to plain language technology, we will be prepared to assist with individuals who request assistance with reading and understanding materials. Chart notes will use words and pictures to help address learning differences. We are fortunate to have, through our collaborative partners, expertise in these areas, and have budgeted to be able to provide interpreters and alternative communication, i.e. Braille, large print, and taped information.

Meeting facilities will be selected based on accessibility. This includes considering transportation, centrality, neutrality and comfort. Accessibility and safety considerations lead us to believe it is important to hold meetings in locations that are not commonly associated with an issue based agency, such as sexual assault and disability. This will work to alleviate the potential labeling that could occur and be accessible to women who may not feel comfortable with entering somewhere that could label her.

IV. Compile/Analyze data, Identify key activities for strategic plan

A. Data and Themes

As described above, this needs assessment will involve both qualitative and quantitative data. Data will be compiled in a visual format to be used to help us answer our questions and to identify emerging themes and gaps. Qualitative data will be presented using an evaluation matrix. Quantitative data from SDS, DD, and HSC, along with quantitative data from the pre-surveys, will be presented in table form. We will create a summary report, in consultation with ASI technical assistance staff.

B. Prioritization, Strategic Planning

A work group, including our UO consultants, Dr.'s Olson and Eisert will examine the compiled data and identified themes to identify focus areas to be addressed during the implementation phase of this grant project. These focus areas will be reviewed, discussed and narrowed by the SurviveAbility executive committee. The final recommended activities that are agreed to by the collaborative partners will then be written into the strategic plan to guide our work over the remaining years of the grant. This strategic plan will be developed and written in consultation with the Accessing Safety Initiative Technical Assistance team. When completed, the plan will be submitted to OVW for approval.

As a group, we created criteria to assist in the narrowing of focus areas for strategic planning and implementation. The criteria we will use to narrow our themes, issues, and gaps to be prioritized during implementation include:

- fit with collaborative and agencies' mission statements,
- feasibility,
- fit with legal mandates and/or restrictions,
- urgency of the need or gap,
- level of priority indicated by women with disabilities,
- sustainability.

These criteria will help us filter down to two to five areas to be addressed during the implementation phase. We will seek to identify our focus areas as either agency or system specific versus collaborative- or community-wide. The strategic plan will then outline strategies to be undertaken to impact those areas. We will utilize the strategic planning matrix (Karen Ray Associates) as one tool to assist in the prioritization and timeline process.

V. Distribute Findings

A. Members of our collaboration

SurviveAbility members will receive a detailed summary of the data, including identified themes. This summary will include a visual, showing how each theme aligns with the criteria, listed above. Partner agencies will also receive detailed summaries of information regarding their agency, as gathered from all information-collecting activities.

B. Participants in the Needs and Assets Assessment

We will offer a copy of the summary report to those individuals who were interviewed or participated in a focus group. We will also offer to the key informants in SDS, DD, and HSC who provided us with quantitative data. They will also be offered a summary of our Strategic Plan

C. Other Key Stakeholders and Potential Decision-Makers

We will present a summary of our findings to the Lane County Domestic Violence Council. The summary report will be made available to the Lane County Board of County Commissioners. In addition, this report will be made available to local and state-wide legislative action groups.

VI. Estimated timeline

November 2007 - February 2008	Develop needs assessment plan in consultation with Vera.
December 2007 - March 2008	Develop needs assessment research tools in consultation with Vera. Submit needs assessment plan and research tools to OVW for review and approval.
March – April 2008	Needs assessment implementation
April 2008	Compile data and develop findings; develop summary report. Create strategic plan for 2008-2009 in consultation with Vera.
April - May 2008	Strategic plan reviewed and approved by OVW.

A. Tool development

Most of the data we plan to collect in the needs assessment will come from discussion groups and interviews with individuals and organizational representatives from our target groups. The tools were developed in

consultation with the Vera Institute for Justice, and are attached as an appendix to this document.

Appendix A: Discussion Groups with Women with Disabilities

Protocol

Introduction:

Step 1 Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc.

Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want to or need to, for the restroom, for a snack, if they need to answer their cell phone, if the conversation is tiring, etc.

1. Introduce yourself.
2. Thank the women for participating.
3. Review any mandatory reporting requirements.

Step 2 Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. These services will be accessible, responsive and informed by you, who will help our agencies understand and address the vulnerabilities, barriers and challenges that survivors encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months. We will be using placards with letters to identify you, rather than using your name. It is also important for you not to talk about things that are said during our discussion group.

Safety please remember that our biggest concern is you. You don't have to answer questions if you don't want to. You should take breaks for any reason, without asking permission. We understand that some of the conversations might be uncomfortable, so if that happens, take a break, go to the room we have set up next door and relax for a minute or talk with one of our support people if you want to. If you have questions about something going on in your life right now, we have someone set up to offer information and referral to other agencies and services that may be of help to you. Everyone has a right to leave or take a break without being judged.

Housekeeping participating in this group is completely voluntary. You do not need to complete the discussion group to be given your \$20 stipend. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about services: What works, what doesn't how we can do better. If you want to talk more about something that may have happened to you or someone you know, feel free to talk with one of our support people – they are here for you. Finally, if any of us have concerns for your safety, we will discuss that with you and talk about options.

Do you have any questions?

Consent Form Review Process:

Read and review the following points from the consent form:

Check off

_____ Thank you for your participation in this discussion. Participation in an interview means you will be asked to discuss your experiences with getting help or support for domestic or sexual abuse.

_____ Before we go on, we want to see if you have any questions about the project. So, do you have any questions about the project or our discussion group from what we talked about before?

_____ Everything said in the discussion will be audio tape recorded and written notes will also be taken.

_____ This meeting will take about two hours.

_____ We will give you \$20 for participating. As we talked about before, if you can't or choose not to finish, you will still receive the thank you money.

_____ Talking in a group like this does have some risks. We want you to be aware of the risks before you decide whether you want to participate.

_____ **YOU MAY FEEL UNCOMFORTABLE ANSWERING SOME OF THE QUESTIONS WE ASK YOU.** If there is a question you don't want to answer, just say you would like to pass. Or, if you decide after you have begun talking that you don't want to continue, just tell us. You can quit at any point. And, you can take a break any time you need or want to, for any reason at all. We have people here who you can talk to or ask for help, if you want to do that.

_____ **YOU MAY BE WORRIED THAT OTHER PEOPLE WILL FIND OUT WHAT YOU HAVE TOLD US.** Only the people who work on this project will have access to the audiotapes and questionnaires, and they are trained in keeping things confidential. To make it very unlikely that anyone outside our project could find out what you tell us, we don't keep your name on any information you give us, except on your payment receipt.

_____ BECAUSE WE WANT TO HONOR PRIVACY, WE WANT TO TALK ABOUT CONFIDENTIALITY. We would like to have everyone agree that what gets said in the group stays in the group. Sometimes people might say things they want us all to help keep private. And even though we ask everyone to help keep our group private, it is possible that someone might say something outside of the group. This is one reason we encourage you to not use names, and to talk about the services and help you needed or used.

_____ Sometimes if you give us information about being hurt or hurting others or yourself, we may have to report that to authorities. If that happens, we will let you know. We also have people here that you can talk to about your story, and who can help you decide about reporting to the authorities.

Please read through your copy of the consent form and ask us any questions you might have.

Definitions of terms – Read and Review these definitions before continuing:

Working definitions

“Disability” - means anyone with mobility, sensory, or communication issues; mental illness, intellectual or developmental disabilities; or are Deaf or hard of hearing. We also know that sometimes people may not be “diagnosed”, but still experience disability

“Sexual violence” – can mean when a person is forced or pressured into doing something sexual that they don’t want to do. Sexual violence can be an assault by someone that you know or someone who is a stranger. It can also be unwanted sexual comments, violating a person’s boundaries, or sexual harassment. Sexual violence is any behavior of a sexual nature that makes you feel uncomfortable.

“Domestic violence” - means a pattern of abuse or control control, including physical, sexual, financial, spiritual, psychological, and medical. The abuser might be a spouse, intimate partner, someone you date, partner, ex- partner or ex -spouse. The abuser might try to gain control or abuse by making the other person feel isolated, afraid of being hurt, afraid of losing their money or their independence. Abusers might criticize the other person to make them feel bad about themselves. Sometimes they might take away medicine, or take away mobility or communication equipment. Sexual pressure, withdrawing, discomfort, or abuse can also be ways the abuser gains control.

“Caregiver violence – is when a caregiver abuses someone who they are supposed to be helping. This can be physical or sexual abuse. It can also be things like taking away medicines or assist devices that are important to a person with a disability, it can mean refusing to help you get to the places you need or want to go.

“Survivor” - Is a person who has experienced domestic violence or sexual violence.

“Caregiver” – is someone who helps a person with a disability to provide support they need because of the disability.

Discussion Group Questions:

1. Who in your community helps you the best? What makes their service or help the best? Can you give some examples of a helpful service provider? Why did you like what they did?
2. A lot of women don't reach out for help. What would help women to reach out?
3. Who do women in your life reach out to and why? [FU: Have you or someone you know ever started to tell someone about a time someone was hurt or abused but then decided to stop telling? If so, can you explain what happened to stop you or that person from telling? What sorts of things made it hard to ask for help or support? What help do you wish agencies would provide?
4. Did you go to any of these places to ask for help or support for yourself or someone you know? {HAVE our agencies listed on chart paper, and read them} [FU: why or why not? Did you get help you wanted or needed?
5. What is the most important thing service providers need to know about helping women with disabilities who have been hurt or abused? What do you think agencies could do differently? Is there anything else you want us to know about how agencies can be more helpful to women with disabilities who have been hurt or abused?

NOTE: As mentioned in the Data Collection and Recruitment/Outreach sections, we feel it is important to be prepared to offer interviews for women who may not feel comfortable or able to participate in discussion groups.

The questions for interviews will be the same as the discussion groups. The introductory protocol will be as follows:

Protocol

Introduction:

Step 1 Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc.

Announce that even though we don't have breaks scheduled, you should feel comfortable taking a break if you want to or need to, for the restroom, for a snack, if you need to answer your cell phone, if the conversation is tiring, etc.

1. Introduce yourself.
2. Thank the woman for participating.
3. Review any mandatory reporting requirements.

Step 2 Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. These services will be accessible, responsive and informed by you, who will help our agencies understand and address the vulnerabilities, barriers and challenges that survivors encounter.

Confidentiality during our interview, we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Safety please remember that our biggest concern is you. You don't have to answer questions if you don't want to. You should take breaks for any reason, without asking permission. We understand that some of the conversations might be uncomfortable, so if that happens, take a break, go to the room we have set up next door and relax for a minute or talk with one of our support people if you feel you need to talk to someone one on one. If you have questions about something going on in your life right now, we have someone set up to offer information and referral to other agencies and services that may be of help to you. Everyone has a right to leave or take a break without being judged.

Housekeeping participating in this interview is completely voluntary. You do not need to complete the discussion group to be given your \$20 stipend. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about services: What works, what doesn't, how we can do better. If you want to talk more about something that may have happened to you or someone you know, feel free to talk with one of our support people – they are here for you. Finally, if any of us have concerns for your safety, we will discuss that with you and talk about options.

Do you have any questions?

Consent Form Review Process:

Read and review the following points from the consent form:

Check off

_____ Thank you for your participation in this interview. Participation in an interview means you will be asked to discuss your experiences with getting help or support for domestic or sexual abuse.

_____ Before we go on, we want to see if you have any questions about the project. So, do you have any questions about the project or our discussion group from what we talked about before?

_____ Everything said in the interview will be audio tape recorded and notes will be taken.

_____ This interview will take about two hours.

_____ We will give you \$20 for participating. As we talked about before, if you can't or choose not to finish, you will still receive the thank you money.

_____ Being interviewed like this does have some risks. We want you to be aware of the risks before you decide whether you want to participate.

_____ **YOU MAY FEEL UNCOMFORTABLE ANSWERING SOME OF THE QUESTIONS WE ASK YOU.** If there is a question you don't want to answer, just say you would like to pass. Or, if you decide after you have begun talking that you don't want to continue, just tell us. You can quit at any point. And, you can take a break any time you need or want to, for any reason at all.

_____ **YOU MAY BE WORRIED THAT OTHER PEOPLE WILL FIND OUT WHAT YOU HAVE TOLD US.** Only the people who work on this project will have access to the audiotapes, and they are trained in keeping things confidential. To make it very unlikely that anyone outside our project could find out what you tell us, we don't keep your name on any information you give us, except for your payment receipt.

_____ Sometimes if you give us information about being hurt or hurting others or yourself, we may have to report that to authorities. If that happens, we will let you know. We also have people here that you can talk to about your story, and who can help you decide about reporting to the authorities.

Please read through your copy of the consent form and ask us any questions you might have.

Appendix B: Discussion groups with Domestic Violence and Sexual Assault Advocates

Interview Protocol

Step 1: Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want or need to, for the restroom, for a snack, to answer their cell phone, etc.

1. Introduce yourself.
2. Thank the group members for participating.

Step 2: Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. This is not an assessment of intent or an audit of your agency. The goal of our conversation is to gather your best thinking about how we can all do better in understanding and addressing the vulnerabilities, barriers and challenges that survivors with disabilities encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Housekeeping participating in this group is voluntary. You don't have to answer questions if you don't want to. You should take breaks for any reason. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about your services: What works, what doesn't, how we can all do better.

Do you have any questions?

STEP THREE: Introductory Information Gathering - short survey:

Who are you? [check all that apply]

- A domestic violence advocate A sexual assault advocate
 Other (please describe) _____

1. At your program, how often do you receive training about ways to serve women with disabilities who have experienced domestic or sexual violence? [Global Questions 2, 4 & 5]

- Never
 Once
 Less frequently than once a year
 More frequently than once a year

2. When someone contacts your program, when do you ask if they need an accommodation for a disability? [Global Questions 1 & 4]

- During initial crisis call or preliminary screening for eligibility of services
 After someone is determined to be eligible for services
 When they enter into services
 We don't ask if they need an accommodation
 Other _____

3. Domestic violence and sexual assault programs are beginning to develop policies, procedures or strategies related to serving survivors with disabilities. Do you have policies, procedures or strategies that address any of the following issues:

[check all that apply] [Global Questions 1 & 2]

- Program participants who use personal attendants or other hired support workers
 Ongoing process for evaluating agency accessibility
 Service animals used by program participants
 Mandatory reporting of abuse of a vulnerable adult
 Providing reasonable accommodations for survivors using your services
 Providing reasonable accommodations for staff and volunteers with disabilities
 Medications used by a survivor in your shelter
 Advocacy for survivors with mental health issues
 Hiring practices at your agency regarding applicants with disabilities
 Responding to situations where the caregiver is the abuser

- Ongoing process to ensure materials are available in alternative formats
 - Other
-

4. In the last year, has your program made any changes to rules, policies or practices to accommodate survivors with a disability? [Check all that apply] [Global Question 2]

- Changed intake form questions
- Changed safety planning questions
- Changed shelter rules
- Changed policy regarding transportation to and from the shelter
- Changed policy regarding meeting potential program participants in their home or another location
- Other _____

STEP FOUR: Discussion Group Questions:

1. Are there instances where you or a co-worker worked with a survivor with a disability and were proud of how you, your co-worker and/or agency handled the situation? [FU: What resources did you draw upon that helped make that a successful situation? Were there policies or practices in place that helped support you? Were there any policy or practice changes that came out of that?] [Global Questions 2 & 4]
2. What happens when a woman requests or needs accommodation? What is your experience around trying to identify and meet accommodation needs? [FU: If you need assistance, training or help in meeting the accommodation, where or who do you call? What strategies do you have in place to provide alternative communication devices or techniques for Deaf women or women with hearing or speech impairment? Alternative formats? Is there someone in your agency who you can turn to for help?] [Global Questions 2 & 4]
3. What barriers within your agency do you face when working with women with disabilities? What kinds of resources would help your agency become better prepared to support survivors of DV or sexual abuse who have disabilities? [Global Question 4]
4. What can your agency do to help improve the community response? [Global Questions 1, 4 & 5]
5. When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn't? [FU: are there particular issues or policies, or misunderstandings that get in the way? Examples: mandatory reporting, confidentiality/info sharing practices, referral process, lack of information] [Global Questions 4 & 5]
6. What do disability advocacy agencies need to do differently to support women to disclose, and to be able to respond appropriately [FU: How can you help them do this differently? Probe for: referrals, safety planning confidentiality, etc] [Global Question 5]
7. Take a look at the notes on the chart paper. Is there anything else you would want our collaborative to know about working with women with disabilities who have experienced violence?

Appendix C: Discussion groups with Disability Advocates

Interview Protocol

STEP ONE: Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want or need to, for the restroom, for a snack, to answer their cell phone, etc.

1. Introduce yourself.
2. Thank the woman for participating.

STEP TWO: Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. This is not an assessment of intent or an audit of your agency. The goal of our conversation is to gather your best thinking about how we can all do better in understanding and addressing the vulnerabilities, barriers and challenges that survivors with disabilities encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Housekeeping participating in this group is voluntary. You don't have to answer questions if you don't want to. You should take breaks for any reason. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about your services: What works, what doesn't, how we can all do better.

Do you have any questions?

STEP THREE: Participants fill out short survey, as follows:

1. At your organization, how often do you receive training about ways to serve people with disabilities who have experienced domestic or sexual violence? [Global Questions 2, 4, & 5]

- Never
- Once
- Less frequently than once a year
- More frequently than once a year

2. When someone contacts your program, when do you screen for abuse/safety concerns or issues? [Global Questions 1 & 4]

- During initial contact or preliminary screening for eligibility of services
- After someone is determined to be eligible for services
- When they enter into services
- We don't ask about abuse/safety concerns or issues
- Other _____

3. Do you have policies or procedures that address any of the following issues:

[check all that apply] [Global Questions 1 & 2]

- Asking about domestic violence or sexual abuse from a person who is seeking services
- Working with a domestic violence or sexual abuse program when advocating for a person with a disability who is experiencing violence
- Safety planning for women who have experienced violence
- Mandatory reporting of abuse of a vulnerable adult
- Protective order or other court processes related to domestic or sexual abuse
- Workplace policies for staff that experience domestic violence or sexual abuse
- Responding to situations where the caregiver is the abuser
- Other _____

4. In the past year has your program made any changes to rules, policies or practices to accommodate a survivor/victim with a disability? [Check all that apply] [Global Question 2]

- Changed intake form questions
- Changed safety planning questions
- Changed program, group or other service rules

Changed policy regarding transportation to and from shelter or other services

Changed policy regarding meeting potential program participants in their home or another location

Other

STEP FOUR: Focus group/discussion circle questions:

1. Are there instances where you or a co-worker worked with a woman with a disability who disclosed abuse in her life and were particularly proud of how you, your co-worker and/or agency handled the situation? [FU: What resources did you draw upon that helped make that a successful situation? Were there any policy or practice changes that came out of that?] [Global Questions 2 & 4]

2. What happens when a woman requests or needs support around abuse or violence? [FU: If you need assistance, training or help in meeting the accommodation, where or who do you call? What strategies do you have in place to provide safety planning and immediate and longer term needs? Do you have a process or strategy in place to handle disclosures? Is there someone in your agency who you can turn to for help, someone who has expertise in safety planning for violence and abuse, and is there a procedure or policy to refer women to them?] [Global Questions 2 & 4]

3. What barriers does your agency face in serving women who have experienced domestic violence or sexual assault/abuse? What kinds of resources would help your agency become better prepared to support survivors of DV or sexual abuse who have disabilities? [Global Question 4]

4. What can your agency do to help improve the community response? [Global Questions 1, 4, & 5]

5. When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn't? [FU: are there particular issues or policies, or misunderstandings that get in the way? Examples might be: mandatory reporting, confidentiality/info sharing practices, referral process, lack of information] [Global Questions 4 & 5]

6. What do DV and sexual assault advocacy agencies need to do differently to more effectively support women with disabilities, and to be able to respond appropriately [FU: What can you do to help them get there. Global Question 5]

7. Take a look at the notes on the chart paper. Is there anything else you would want our collaborative to know about working with women with disabilities who have experienced violence?